


2005.FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # V19404 1. Entity Name INNER SPACE DESIGN & ASSOCIATES, INC.	
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Principal Place of Business 4925 THORNBRIAR PL. LAND O LAKES, FL 34639 US	Mailing Address P.O BOX 579 LAND O LAKES, FL 34639 US
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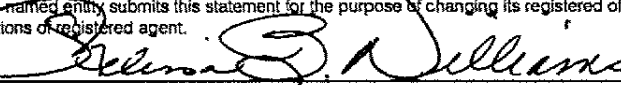
04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3110420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHISON-WILLIAMS, MELISSA B 4925 THORNBRIAR PLACE LAND O LAKES, FL 34639

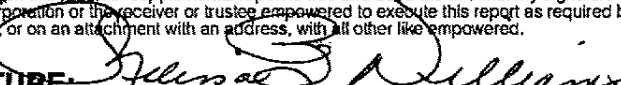
DO NOT WRITE IN THIS SPACE

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WILLIAMS, MELISSA B 4925 THORNBRIAR FL. LAND O LAKES, FL 34639
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000328323 04/25/05-80074-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE: 4-21-05 DAYTIME PHONE #: 813-503-2193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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